



National Center on
Substance Abuse
and Child Welfare

SUBSTANCE-EXPOSED INFANTS IN-DEPTH TECHNICAL ASSISTANCE (SEI-IDTA)

SITE PROFILE

NEW JERSEY

LEAD AGENCY: NEW JERSEY DEPARTMENT OF HUMAN SERVICES (DHS)

PROJECT ABSTRACT

New Jersey participated in the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Prescription Drug Abuse Policy Academy in 2014 and received technical assistance to align and coordinate the numerous initiatives that were underway to address prescription drug abuse and their heroin problem, particularly for pregnant women. Treatment data from 2013 in the New Jersey Substance Abuse Monitoring System report reflect that the most common substances used by New Jersey's pregnant women were heroin (31.7%), other opiates (11.6%), marijuana (25.2%), and alcohol (13.2%). Although the rate of use for benzodiazepines and other drugs was smaller, data also showed steady increases in the use of these substances by pregnant women.

The state developed a comprehensive, unified plan wherein each initiative supports and enhances the others. The plan includes a focus on neonatal abstinence syndrome (NAS) and substance-exposed infants (SEI), calling for the development of uniform guidelines and practices to address the entire spectrum of need for this population of infants and their families. It also called for improved collaboration to address the multiple intervention opportunities, from pre-pregnancy continuing throughout a child's developmental milestones and parental treatment, and increased attention to data collection and reporting across all systems serving women and children. At the time the plan was developed, there was no consistent mechanism used for identifying infants with prenatal exposure.

The SEI-IDTA initiative built on New Jersey's experience with and lessons from a Monmouth County walkthrough, which revealed both effective practices and unexpected, yet significant gaps in serving both mothers and their infants. Due to the unique relationship with the treatment provider and the hospital in Monmouth County that focused on pregnant women, the team identified this county walkthrough as an initial starting point. State partners used this walkthrough as a roadmap to guide efforts to address the entire spectrum of SEI to serve as a model for other New Jersey Counties to address New Jersey's growing NAS/SEI problem.

KEY PARTNER AGENCIES

The New Jersey Department of Human Services was the lead agency for the New Jersey IDTA initiative.

- Human Services
 - New Jersey Department of Human Services (DHS)
 - DHS Office of Program Integrity and Accountability
 - DHS Office of Licensing
 - Division of Mental Health and Addiction Services
 - Division of Family Development
 - Office for the Prevention of Developmental Disabilities
- Child Welfare
 - New Jersey Department of Children and Families (DCF)
 - Division of Family and Community Partnerships
 - Office of Early Childhood Services
 - Maternal Child Health Unit
- Courts and Legal Services
 - New Jersey Attorney General's Office
- Substance Abuse Treatment Providers
 - Jersey Shore Addiction Services Healthcare
 - Family Guidance Center: Family and Children's Services
 - Organization for Recovery
- Health Services
 - New Jersey Department of Health (DOH)
 - Division of Family Health Services
 - Weisman Children's Rehabilitation Hospital
 - Central Jersey Family Health Consortium
 - South New Jersey Perinatal Cooperative
 - Rutgers Fetal Alcohol Spectrum Disorder (FASD) Training Center
 - Rutgers School of Nursing, Maternal Child Health Services
 - FASD Clinical and Educational Representative

MAJOR PROGRAM GOALS

The goals were identified as:

- Goal 1: Increase perinatal SEI screening at multiple intervention points across health system, substance and mental health systems.
- Goal 2: Increase the rate at which women with positive 4Ps+ screens are connected to assessments through leveraging existing programs and policy mechanisms and establishing formal safety net measures.
- Goal 3: Increase the rate at which women with substance-exposed infants, and other eligible children, receive early support services through leveraging existing programs and policy mechanisms.

ACCOMPLISHMENTS

- The Department of Mental Health and Addiction Services issued a request for proposals to develop intensive case management and recovery support services for opioid-dependent pregnant and postpartum women and their families. The Maternal Wraparound Program (MWRAP) initially funded three regions of the state and combined intensive case management, wraparound services, and recovery supports for opioid-dependent pregnant/postpartum women and their families for up to one year following birth. In 2016, the Governor announced further funding for the initiative, allowing the entire state to be covered.
- The core team administered a comprehensive survey for birthing hospitals, obstetricians (OBs)/gynecologists, and pediatricians to understand how pregnant women with substance use disorders and substance-exposed infants are identified, treated, and triaged with partners at discharge. The survey results will guide departments in establishing statewide guidelines for best practices and aid in the development of cross system models to ensure that families get access to services, establish education needs on issues of SEI/NAS, and identify high-risk areas.
- During the initiative, the team was able to analyze 2013 and 2014 Medicaid data to establish prevalence and costs of treatment for NAS.
- With a broad group of cross-system partners, the Camden County Perinatal Substance Use Partnership (CCPSUP) is developing a continuum of care, including increasing shared communication about pregnant women with substance use disorders and their infants. The CCPSUP completed a walkthrough of their county's system (medical, substance use, child welfare) for pregnant women and identified initial goals for building collaborative practice.
- The core team provided progress reports and developments to the state opioid workgroup. Members of the core team jointly served as co-directors of the state opioid workgroup, which further increased integration with other state initiatives and oversight.

PRODUCTS

- Hospital SEI Survey: OB Leadership
- Hospital SEI Survey: Pediatric Leadership
- Hospital SEI Survey: Pediatric Primary Care Providers
- Hospital SEI Survey Recruitment Email
- Maternal Wraparound Program Request for Proposals

CONTACT US

For questions about this resource or to request technical assistance, please contact the NCSACW at ncsacw@cffutures.org or 1-866-493-2758.

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